



DEPARTMENT OF EARLY LEARNING

WORKING CONNECTIONS CHILD CARE (WCCC)

AWARD/CHANGE LETTER

Attachment 3.1.1B
LOCAL OFFICE

Dept Early Learning

CASE NUMBER

-3518900

DATE

6/18/07

Tweety Bird
DSHS-ESA-ITD-BARCODE
PO BOX 45412
OLYMPIA, WA 98504-5412

You are eligible for child care subsidies with a monthly copayment starting 07/01/2007 and ending 12/31/2007.

Please read the important information on Pages 1 and 2

Child care is approved for the following: ☐ Employment ☒ Approved WorkFirst Activity ☐ School

☐ Other: _____

☐ Your beginning monthly copayment will be \$15.00 for the period of _____ to _____

☒ Your monthly copayment will ☒ be ☐ change to \$ 15.00 for the period of 07/01/2007 and ending 12/31/2007

A copayment is your share of your child care cost to be paid directly to your provider. Your copayment is based on your household size and your monthly income as follows:

1. Family size is 4
2. Gross earned income (before taxes) is: \$ 0.00
3. Self employment income (after allowable deductions) is: \$ 0.00
4. Unearned income equals (SSI, SSA, child support received, lump sum payments) is \$ 1,000.00
5. TOTAL INCOME (add lines 2 - 4 above): \$ 1,000.00
6. Child Support **paid out** is: \$ 0.00
7. Determine **countable** income (subtract line 6 from 5): \$ 1,000.00
(Countable income is used to determine eligibility and copayment)

8. Copayment is calculated as follows:

COUNTABLE INCOME

MONTHLY COPAYMENT

At or below 82% of Federal Poverty Level (FPL)	\$15
Above 82% and up to 137.5% of FPL	\$50
Over 137.5% and up to 200% of FPL [((Countable income - 137.5% FPL) x .44) + \$50]	

Your copayment is changing because (per WAC 388-290-0085):

- ☐ Your authorization period has expired. ☐ Your family size has changed.
☐ Your income has decreased.
☐ Other: _____

Lisa Lind

WORKER'S NAME

DEL 07-066 (REV. 11/2006)

360-725-4691

WORKER'S TELEPHONE/FAX NUMBER